## **STATE OF NEW JERSEY Division of Revenue Annual Report E-File Exemption Request**

Complete all fields, sign and return to PO Box 308, Trenton, NJ 08646. The Division of Revenue will respond to the business representative at the address provided in Section B to confirm whether the exemption request has been approved. Approved exemptions are valid for the current filing year only.

Section A - Business Information				
10-Digit ID:	Business Name:			
Section B - Business Representative Certification (*Must be a current officer or duly authorized representative of the business)				
Certification:  The above referenced business entity <u>does not possess and does not have access to</u> computing facilities that will enable it to comply with the State of New Jersey's annual report electronic filing requirement.				
Representative Name:	Title:			
Address:	City	State	Zip	
Signature:	Date:		·	
Section C – Registered Agent Certification (* Must be current Registered Agent of Record) Certification:				
The above referenced business entity <u>does not possess and does not have access to</u> computing facilities that will enable it to comply with the State of New Jersey's annual report electronic filing requirement.				
Registered Agent Name:		_		
Address:	City	State	Zip	
Signature:	·		Дip	
I/we certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.				
<b>Business Representative Certificatio</b>	n Registered Agent	Registered Agent Certification		
Subscribed and sworn to before me on		sworn to, 20		
Notary Name:	Notary Name:			
My Commission Expires:		My Commission Expires:		

## IMPORTANT NOTES:

Business entities are responsible for timely compliance with New Jersey's annual report requirement. The submission of an exemption request does not constitute an authorized extension of the filing deadline. θф